



BEST PRACTICES

Sarah Weninger, MPH; ND Dept. of Health Division of Disease Control
ND HIV.STD.TB.Viral Hepatitis Symposium
June 4, 2019

NORTH
Dakota
Be Legendary.™

MINOR CONSENT IN ND

- North Dakota Century Code:14-10-17
 - Any person of the age of fourteen years or older may contract for and receive examination, care, or treatment for sexually transmitted disease or substance use disorder without permission, authority, or consent of a parent or guardian.
- Maintaining Confidentiality



THERE ARE **5 MAJOR STRATEGIES** FOR THE PREVENTION AND CONTROL OF STDs.

- Risk Assessment, Education and Counseling
- Pre-Exposure Vaccination
- Screening Asymptomatic Individuals
- Effective Diagnosis, Treatment, Counseling, Follow-Up of Infected Persons
- Evaluation, Treatment and Counseling of Sex Partners



THE FIVE P'S IN A SEXUAL HISTORY.



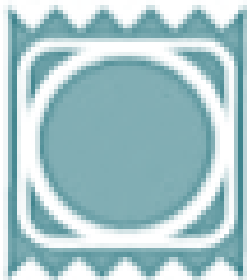
Partners



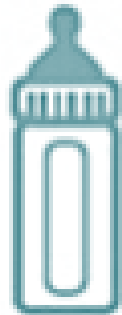
Practices



*Past History
of STIs*



*Protection
from STIs*



*Pregnancy
Plans*

Goal: Facilitate Rapport with Patients

- Open-Ended Questions
- Understandable, Nonjudgmental Language
- Normalizing Language
- 6th 'P': Prevention

SEXUAL HEALTH HISTORY: WHEN & HOW OFTEN

- American Academy of Pediatrics: 11 – 12 yrs.
- At the beginning of the preventive services visit for adolescents or adults
- The sexual health history should be taken at least annually
- ND: Patients need to be 14 yrs. to have STD testing and other sexual health services without parental consent

WHO SHOULD I SCREEN? – CHLAMYDIA

Women

- **Sexually active women under 25 years of age**
- **Sexually active women aged 25 years and older if at increased risk**
- **Retest approximately 3 months after treatment**

Pregnant Women

- All pregnant women under 25 years of age
- Pregnant women, aged 25 and older if at increased risk
- Retest during the 3rd trimester for women under 25 years of age or at risk
- Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months

Men

- *Consider screening young men in high prevalence clinical settings or in populations with high burden of infection (e.g. MSM)

Men Who have Sex With Men (MSM)

- **At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use**
- **Every 3 to 6 months if at increased risk**

Persons with HIV

- For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter
- More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology

WHO SHOULD I SCREEN? - GONORRHEA

Women

- **Sexually active women under 25 years of age**
- **Sexually active women aged 25 years and older if at increased risk**
- **Retest approximately 3 months after treatment**

Pregnant Women

- All pregnant women under 25 years of age
- Pregnant women, aged 25 and older if at increased risk
- Pregnant women with chlamydial infection should be retested within 3 months

Men

- *Consider screening young men in high prevalence clinical settings or in populations with high burden of infection (e.g. MSM) – *Not a listed recommendation in CDC guidance*

Men Who have Sex With Men (MSM)

- **At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use**
- **Every 3 to 6 months if at increased risk**

Persons with HIV

- For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter⁸
- More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology

CHLAMYDIA TREATMENT

Recommended:

Azithromycin 1 g orally in a
single dose

OR

Doxycycline 100 mg orally
twice a day for 7 days

- **Exposures: Presumptive Treatment**
- **Retesting: 3 Months after Treatment**
- **Test of Cure: Not Recommended**

GONORRHEA TREATMENT

Recommended:

Ceftriaxone 250 mg IM

PLUS

Azithromycin 1 g orally

- Directly Observed Therapy
- Exposures: Presumptive Treatment
- Retesting: 3 Months after Treatment
- Test of Cure: Not Recommended



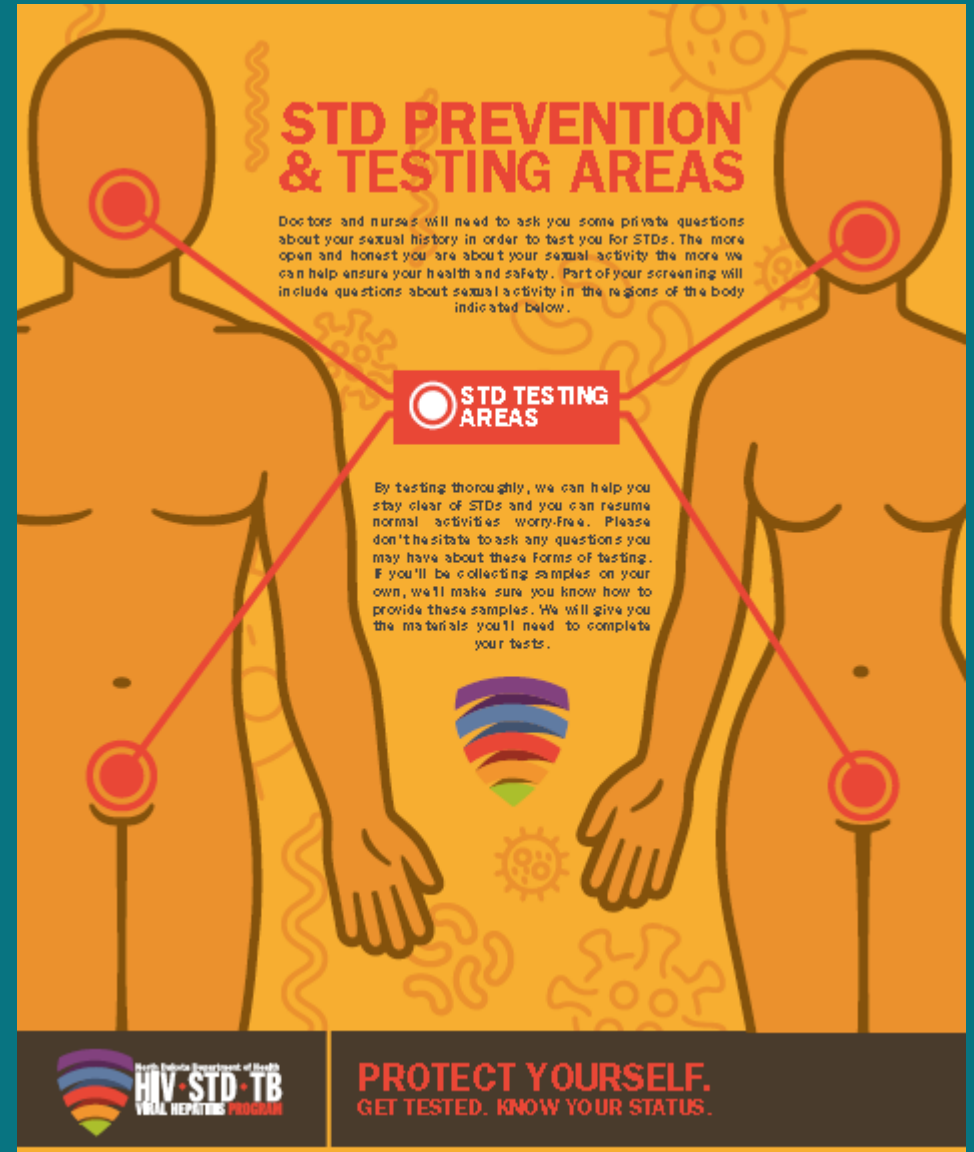


EXPEDITED PARTNER THERAPY (EPT)

- Treatment of partners without an intervening personal assessment by a health-care provider
- Accepted method of treatment of CT and GC infections in ND as of January 2009
- (ND Administrative Code, Chapters 61-04-04-01 Unprofessional Conduct, 54-05-03.1-10 Authority to Prescribe, 50-05-01 Expedited partner therapy).

EXTRAGENITAL SCREENING

- Chlamydia and Gonorrhea screening should always be performed at site of exposure.
- Risk Assessment: Type of Sex
- The CDC recommends that MSM be screened at least annually for chlamydia infection at sites of sexual contact, including the rectum and urethra; for gonorrhea, the guidelines recommend screening at the urethra, rectum, and pharynx.



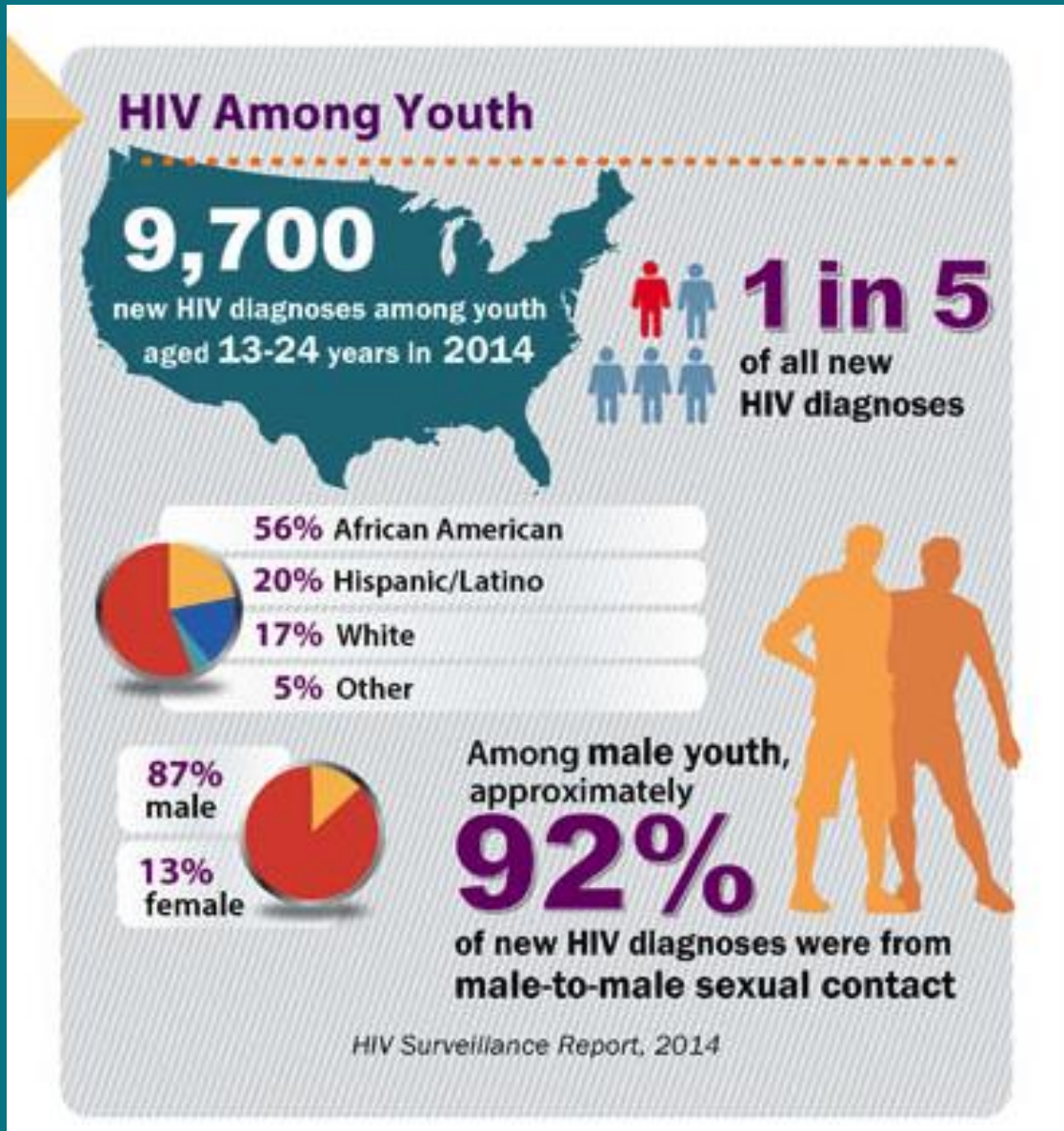


SYPHILIS SCREENING RECOMMENDATIONS

- Pregnant Women
- All pregnant women at the first prenatal visit
- Retest early in the third trimester and at delivery if at high risk
- Men Who have Sex With Men (MSM)
- At least annually for sexually active MSM
- Every 3 to 6 months if at increased risk
- Persons with HIV
- For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter
- More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology

WHO SHOULD BE TESTED FOR HIV?

- Everyone 13-64 should be tested at least once
- Sex with HIV Positive Individual
- Persons who Injects Drugs
- Exchanged Sex for Drugs or Money
- Diagnosed with or Exposed to STDs
- Diagnosed with TB or Hepatitis
- Anonymous Sex Partners
- Pregnant Women – Each Pregnancy
- Men who Have Sex with Men



CDC PREP GUIDANCE: WHO IS RECOMMENDED FOR PREP?

- Daily oral PrEP is recommended for adults at **substantial risk** of acquiring HIV infection:

	MSM	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection	<ul style="list-style-type: none">▪ HIV-positive sexual partner▪ Recent bacterial STI▪ High number of sex partners▪ History of inconsistent or no condom use▪ Commercial sex work	<ul style="list-style-type: none">▪ HIV-positive sexual partner▪ Recent bacterial STI▪ High number of sex partners▪ History of inconsistent or no condom use▪ Commercial sex work▪ In high-prevalence area or network	<ul style="list-style-type: none">▪ HIV-positive injecting partner▪ Sharing injection equipment▪ Recent drug treatment (but currently injecting)

MSM=men who have sex with men; STI=sexually transmitted infection.

CDC. Preexposure Prophylaxis for the Prevention Of HIV Infection in the United States -- 2014: A Clinical Practice Guideline.

Section: Summary of Guidance for PrEP Use. May 2014. www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf. Accessed

1/19/15.

**Sex Partner History***

Please list all information on any sexual partners within the last 90 days or the last sexual partner if exposure greater than 90 days ago.


Partner Name:		Date of Birth or Approximate Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	Telephone Number:	
Email Address and/or Username (Facebook, Twitter, Instagram, Snapchat, etc.)				
Date of First Exposure:		Frequency of Exposure:		
Date of Last Exposure:		Note for Exposure Dates: Include approximate dates if exact date unknown.		
Any notes about this person if name and location are unknown:				
Choose one of the following: <input type="checkbox"/> This partner is here with me and is being treated today. <input type="checkbox"/> I will bring my current partner with me to the clinic. <input type="checkbox"/> I will contact this partner and refer them to the clinic. <input type="checkbox"/> I have no way of contacting this partner.		If partner is a female, is she pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Provider Use:				
Was this partner tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Partner Treatment Type:		
Partner Specimen Collection Date:		Partner Treatment Date:		
Partner Results:		Was partner treated via EPT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Partner Name:		Date of Birth or Approximate Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	Telephone Number:	
Email Address and/or Username (Facebook, Twitter, Instagram, Snapchat, etc.)				
Date of First Exposure:		Frequency of Exposure:		
Date of Last Exposure:		Note for Exposure Dates: Include approximate dates if exact date unknown.		
Any notes about this person if name and location are unknown:				
Choose one of the following: <input type="checkbox"/> This partner is here with me and is being treated today. <input type="checkbox"/> I will bring my current partner with me to the clinic. <input type="checkbox"/> I will contact this partner and refer them to the clinic. <input type="checkbox"/> I have no way of contacting this partner.		If partner is a female, is she pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Provider Use:				
Was this partner tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Partner Treatment Type:		

PARTNER SERVICES IN ND

WHAT IS THE HEALTHCARE PROVIDERS ROLE?

- **Partner Services:** Continuum of Clinical Evaluation, Treatment, Counseling, Testing and Treatment Designed to Increase Number of Infected Persons Brought to Treatment and to Disrupt Transmission Networks
- ND Field Epidemiologists: Gonorrhea, Complicated Chlamydia (<14, More Than 3 Infections in One Year), Syphilis, HIV
- Chlamydia: Healthcare Provider Responsibility
- Partner Services Most Effective if Healthcare Provider Involved



**WERE
YOU BORN
BETWEEN
1945
AND
1965?**

HEP C SCREENING

- Current or former injection drug users, including those who injected only once many years ago
- Everyone born from 1945 through 1965
- Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used
- Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donations became available
- Chronic hemodialysis patients
- People with known exposures to HCV, such as
 - health care workers after needle sticks involving HCV-positive blood
 - recipients of blood or organs from a donor who tested HCV-positive
- People with HIV infection
- Children born to HCV-positive mothers

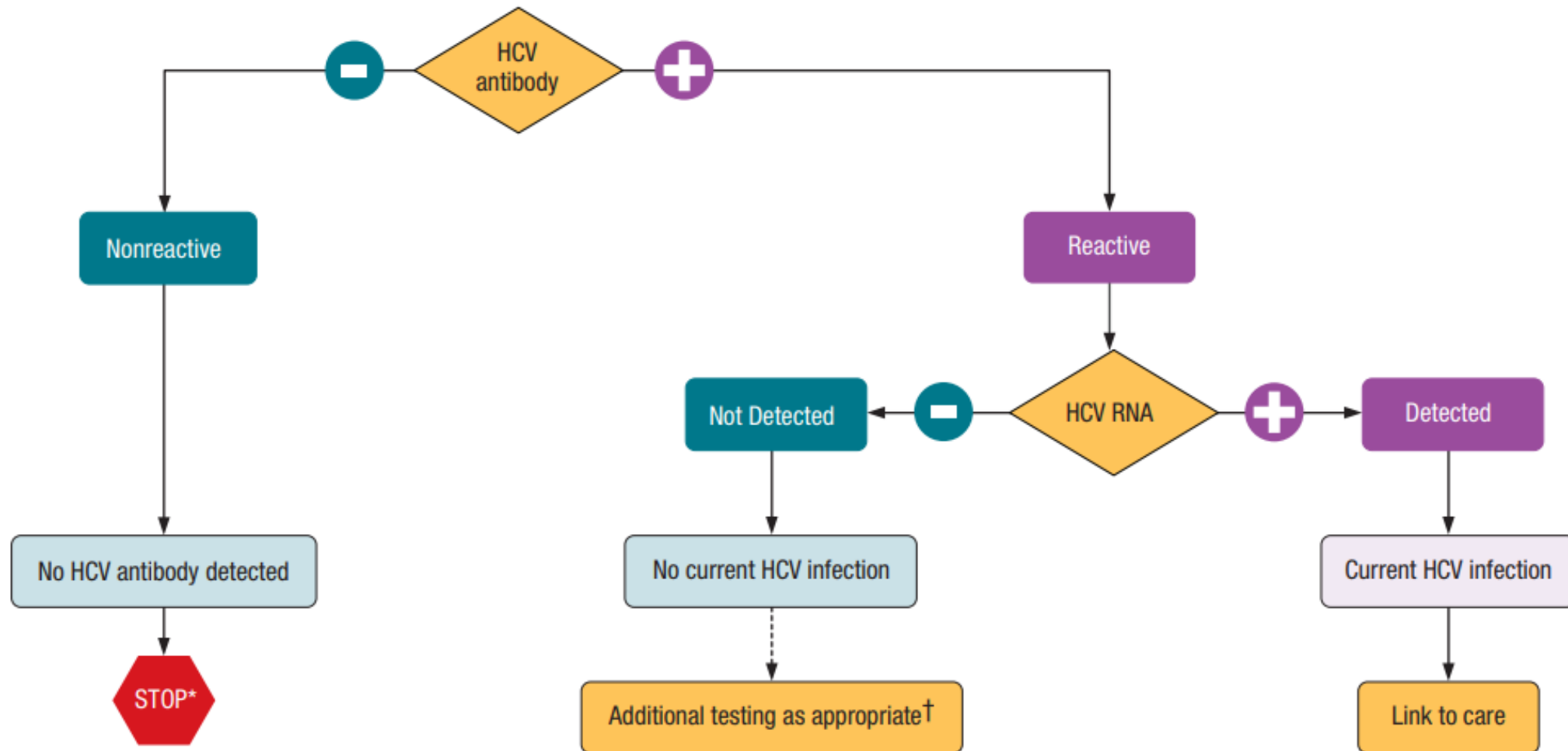
U.S. Preventive Services Task Force (USPSTF) also recommends HCV testing for:

- Incarcerated persons
- People who use intranasal drugs,
- People who get an unregulated tattoo

Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Identify Who is at Risk of Developing Active TB Disease?

- Babies and young children often have weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions:
- HIV infection (the virus that causes AIDS)
- Substance abuse
- Silicosis
- Diabetes mellitus
- Severe kidney disease
- Low body weight
- Organ transplants
- Head and neck cancer
- Medical treatments such as corticosteroids or organ transplant
- Specialized treatment for rheumatoid arthritis or Crohn's disease

Perform Risk Assessment

Tuberculosis Risk Assessment for Pediatrics

Test for tuberculosis by performing a tuberculin skin test (TST) or by interferon gamma release assay (IGRA) if child is 5 years of age or older (unless otherwise contraindicated) if **ANY** of the four boxes below are selected.

☐ **Foreign-born person from a country with an elevated TB rate.**

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).

☐ **Immunosuppression, current or planned.**

HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication.

☐ **Close contact to someone with infectious TB disease ever.**

☐ **Foreign travel or residence of ≥ 1 month consecutively in a country with an elevated TB rate**

- Any country other than United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- TB Testing should occur at least 8 weeks after the child left country with elevated TB prevalence

If IGRA or TST result is positive, evaluate for active TB disease.

- If patient has symptoms of active TB disease or an abnormal chest X-ray consistent with TB disease, place the patient on airborne isolation and evaluate.
- If active TB disease is ruled out, **LTBI treatment** is recommended
All patients who are **positive** for tuberculosis infection (active or latent) should be screened for HIV.

Tuberculosis Risk Assessment for Adults

Test for tuberculosis by interferon gamma release assay (IGRA) or tuberculin skin test (TST)(unless otherwise contraindicated) if **ANY** of the four choices below are selected.

☐ **Foreign-born person from a country with an elevated TB rate**

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- IGRA is preferred over TST for foreign-born persons.

☐ **Immunosuppression, current or planned.**

- HIV infection, diabetes, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication.

☐ **Close contact to someone with infectious TB disease ever.**

☐ **Foreign travel or residence of ≥ 1 month consecutively in a country with an elevated TB rate**

- Any country other than United States, Canada, Australia, New Zealand, or a country in western or northern Europe

If IGRA or TST result is positive, evaluate for active TB disease.

- If patient has symptoms of active TB disease or an abnormal chest X-ray consistent with TB disease, place the patient on airborne isolation and evaluate.
- If active TB disease is ruled out, **LTBI treatment** is recommended
All patients who are **positive** for tuberculosis infection (active or latent) should be screened for HIV.

Determine
Who Would
Benefit from
Treatment
for TB
Infection

Non-US Born – document
country of birth

Recent Contact to Active
TB

Medical Risk Factors



Prior to Starting Treatment for TB
Infection – Rule Out Active Disease



Offer Treatment for TB Infection

- Provide directly observed therapy to children and HIV infected
- Monitor for adverse effects to medication during monthly assessment

Quality Improvement

Basic Introduction



Quality Improvement

A **distinct process** and set of tools coordinated to ensure services and programs **consistently meet the needs** of the communities.

A **continuous** and ongoing effort to achieve **measurable improvements** in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality **in services or processes** which achieve equity and improve the health of the community.

Definition developed by the Accreditation Coalition Workgroup (Les Beitsch, Ron Bialek, Abby Cofsky, Liza Corso, Jack Moran, William Riley, and Pamela Russo) and approved by the Accreditation Coalition on June 2009.





Visual Based on the Quality Trilogy

Juran, J. M. (1989). The Quality Trilogy: A Universal Approach to Managing for Quality. Juran Institute, Inc., Wilton, CT.

Key Features of QI

- Focus on **systems**, not individuals
- Ideas/changes from **customers & front line staff**
- Focus on **small tests of change**
- Frequent, **ongoing measurement** and data-driven decision making
- QI is a never-ending process...it's **continuous**
- It should **help staff**, not hinder



Understand the Current System

Creating a Visual Representation of the System





Understand Your Current Process

- Collect data on the process (qualitative and quantitative)
 - Observe the process; time studies
 - Chart reviews/data mining from EMR
 - Qualitative: Interviews, surveys, etc.

OBSERVATIONS

Purpose:

- Observe the actual work in real time
- Gain knowledge about the process
- Identify opportunities for improvement



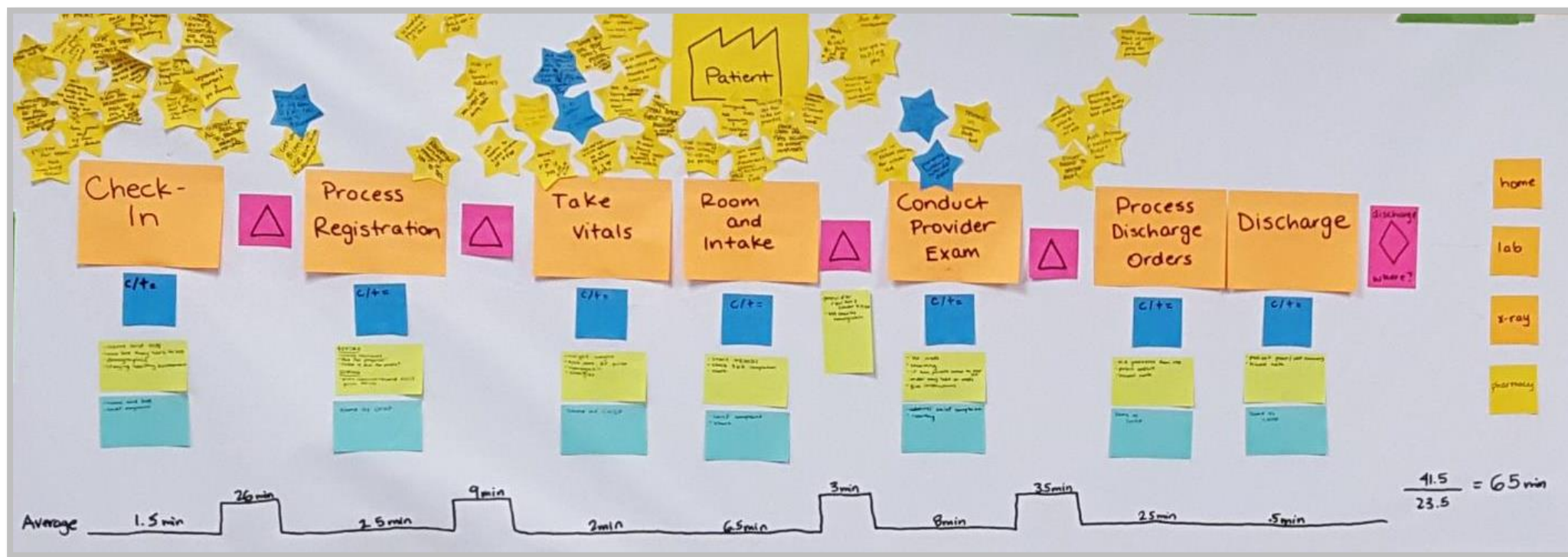
OBSERVATIONS

How to Collect the Data:

- Determine the starting and stopping points
- Identify patients within your age range (e.g. 14 - 24 year olds)
- Go and see ***first hand*** as the patients goes through the visit
- Record actual data for each process step

The image displays three side-by-side process flow diagrams for a clinical visit, labeled 1. Check-in, 2. Registration, and 3. Intake/Vitals. Each diagram is structured with a yellow header, a large orange task area, and a white improvement ideas section at the bottom. The header includes fields for 'Time to complete' and 'Tasks:'. The improvement ideas section is titled 'Improvement Ideas: (What could be improved or incorporated into this process step to improve sexual assessment and screening?)'. Below this, there are four categories of tasks: Sexual Activity Assessment, Chlamydia Screening, Minor Consent & Confidentiality, and Welcoming Environment. A large orange star is placed over the improvement ideas section of the first diagram.

Visually Displaying Observations: Value Stream Map



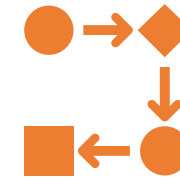
What are the Wastes?

- Defects
- Overproduction
- Waiting
- Non Value-Added Processing
- Transportation
- Inventory
- Motion
- Employee Underutilization

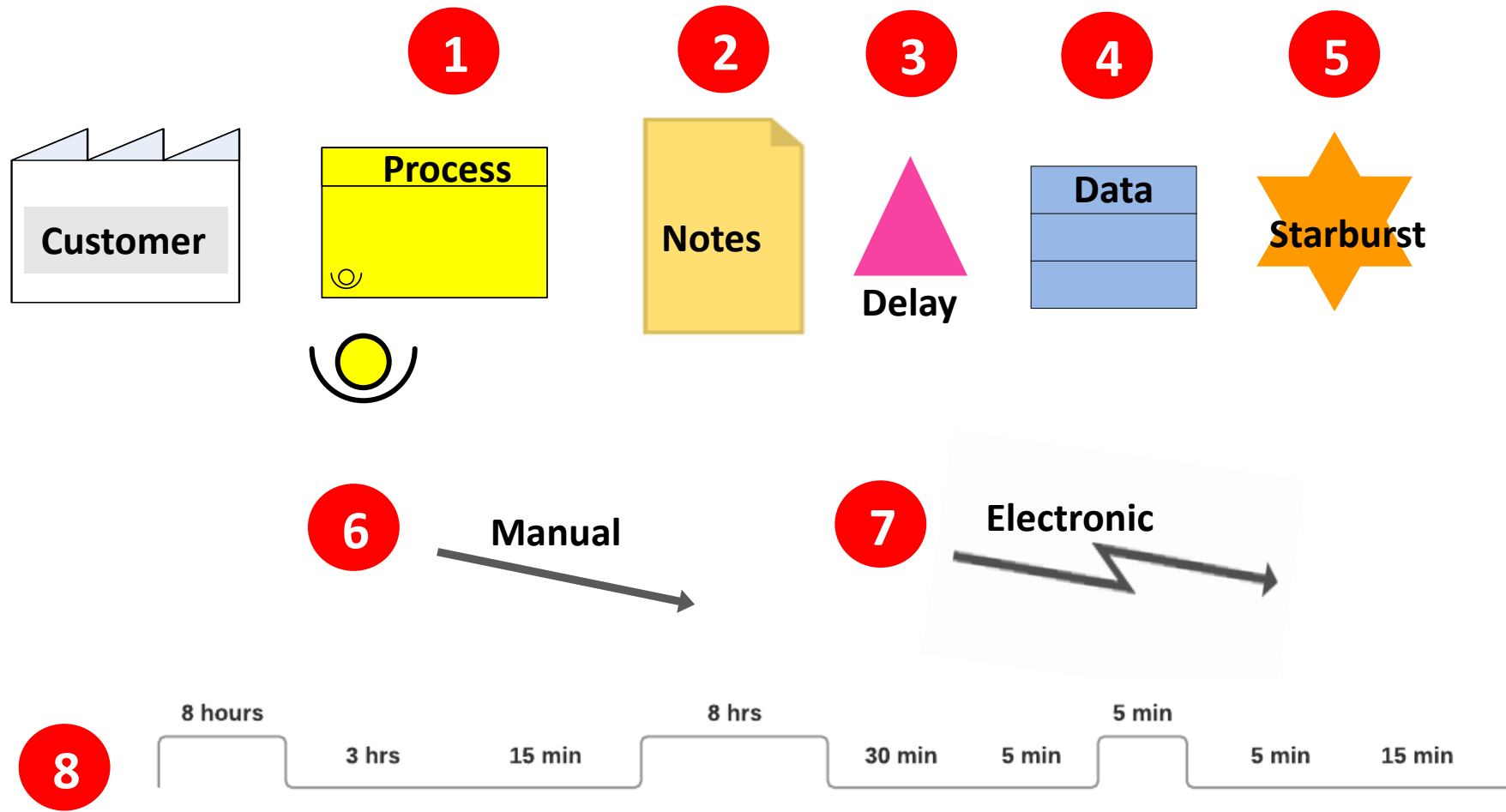


What are the Steps?

- Identify process steps
- Identify where you are implementing best practices



VSM Icons

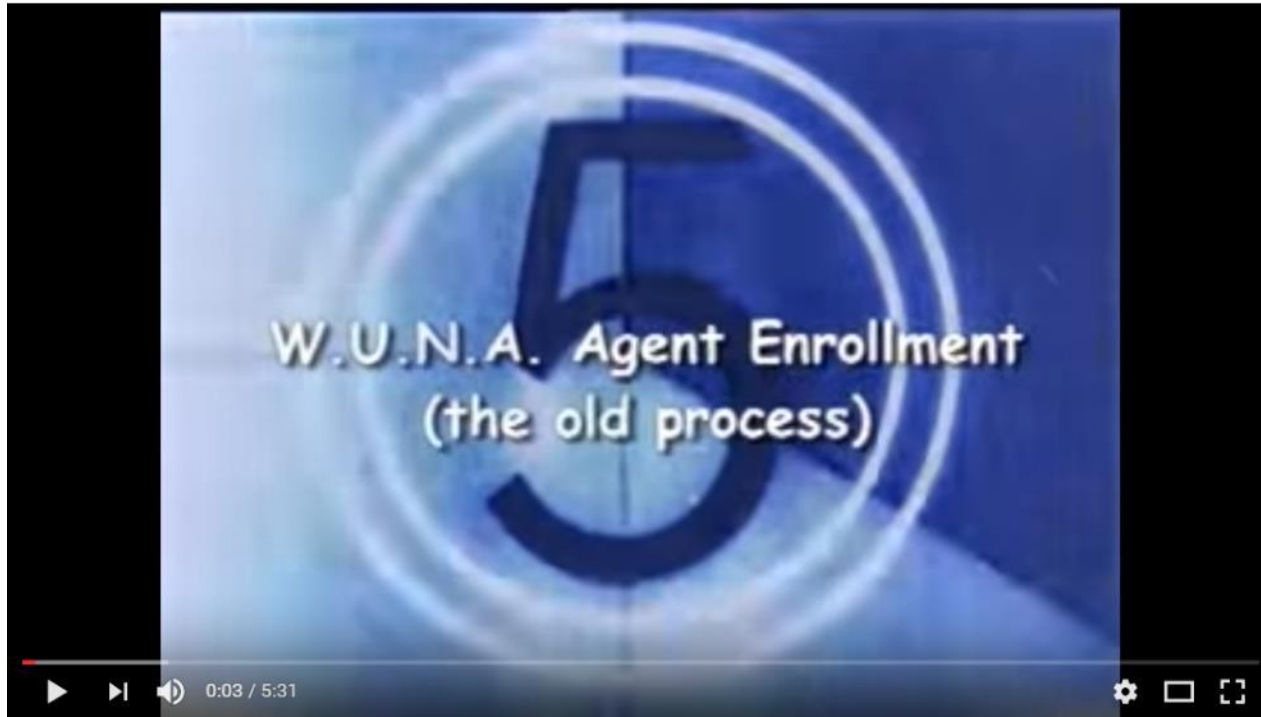


Lead Time Ladder aka Sawtooth

Visually Display: Value Stream Map



Your Turn!



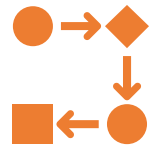
- Observe the Western Union Process
- Document process steps using the *Process Data Collection Form*

What did you SEE?

What are the Wastes?



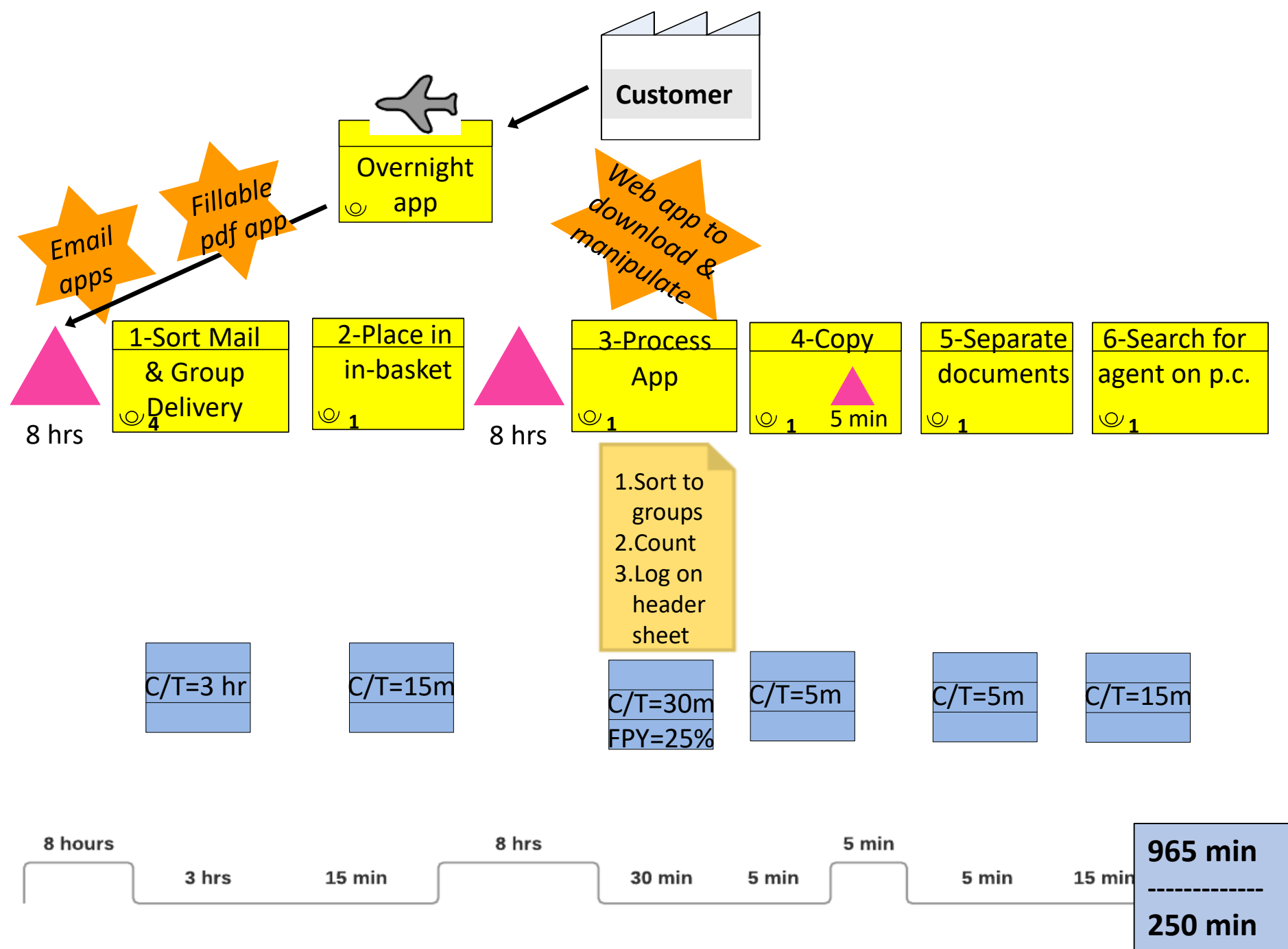
What are the Process Steps?



- Defects
- Overproduction
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- Transportation
- Inventory
- Motion
- Employee Underutilization

- Identify process steps
- Identify where you are implementing best practices

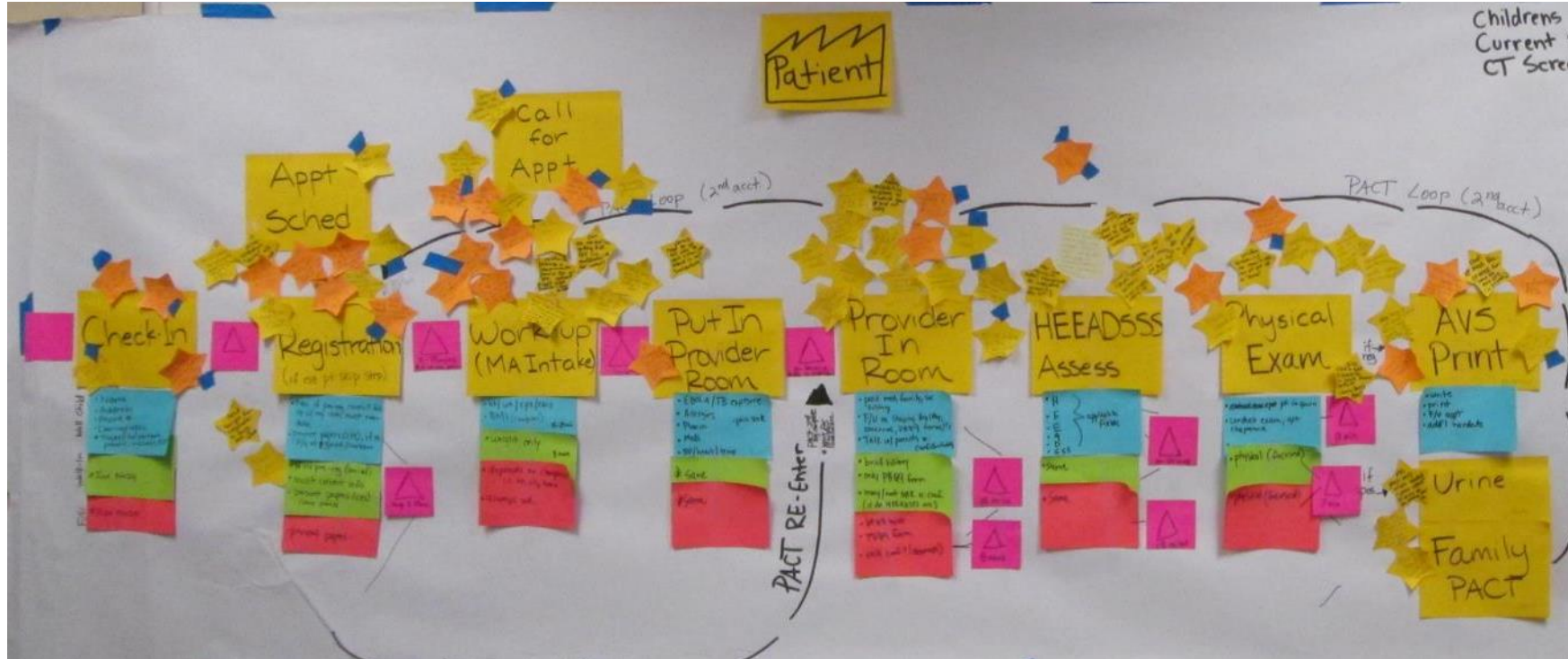
VSM



VSM – What do Starbursts help us see?



VSM – What do Starbursts help us see?



Reflect and Report

- How might you use a VSM to understand your clinic flow and how you currently provide STI care?
- What assistance might you need to create the VSM?



Understand the Current System

Collecting Customer and Staff Perspective



Understand Your Current Process

- Collect data on the process (qualitative and quantitative)
 - Observe the process; time studies
 - Chart reviews
 - Qualitative: Interviews, surveys, etc.



Why is it important to collect qualitative info?

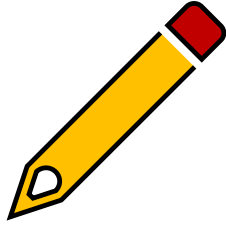
How do you currently collect feedback from patients and staff?

How might you collect data differently?



Apply It!

DRAW



- What would the ideal adolescent visit would look like in your clinic?

RULES

- Try not to use any words
- Stick figures are perfect!
- You don't have to be an artist!

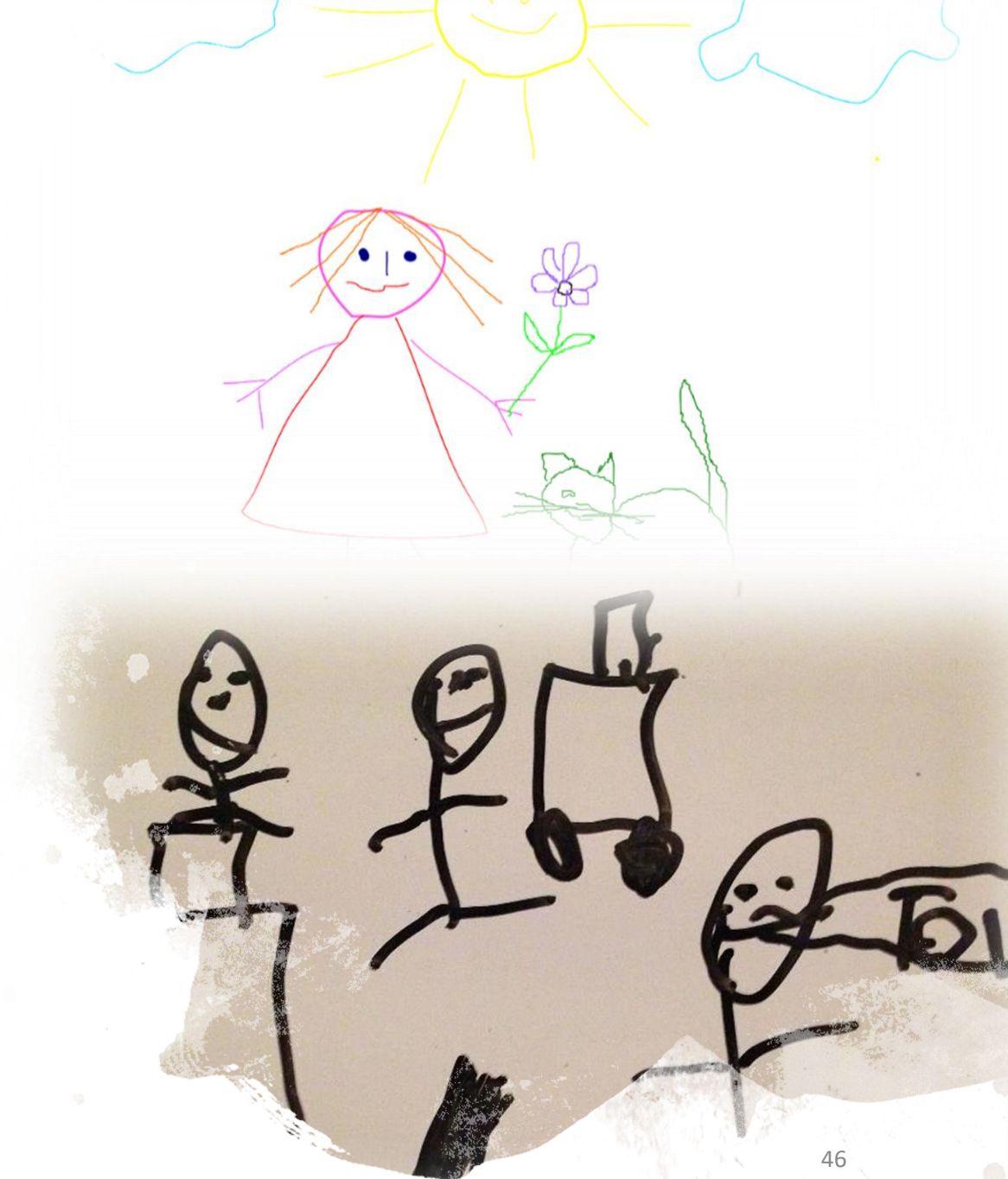


Table Reflection

Share your drawing with your table.

- What things are similar?
- What things are different?



Reflect and Report

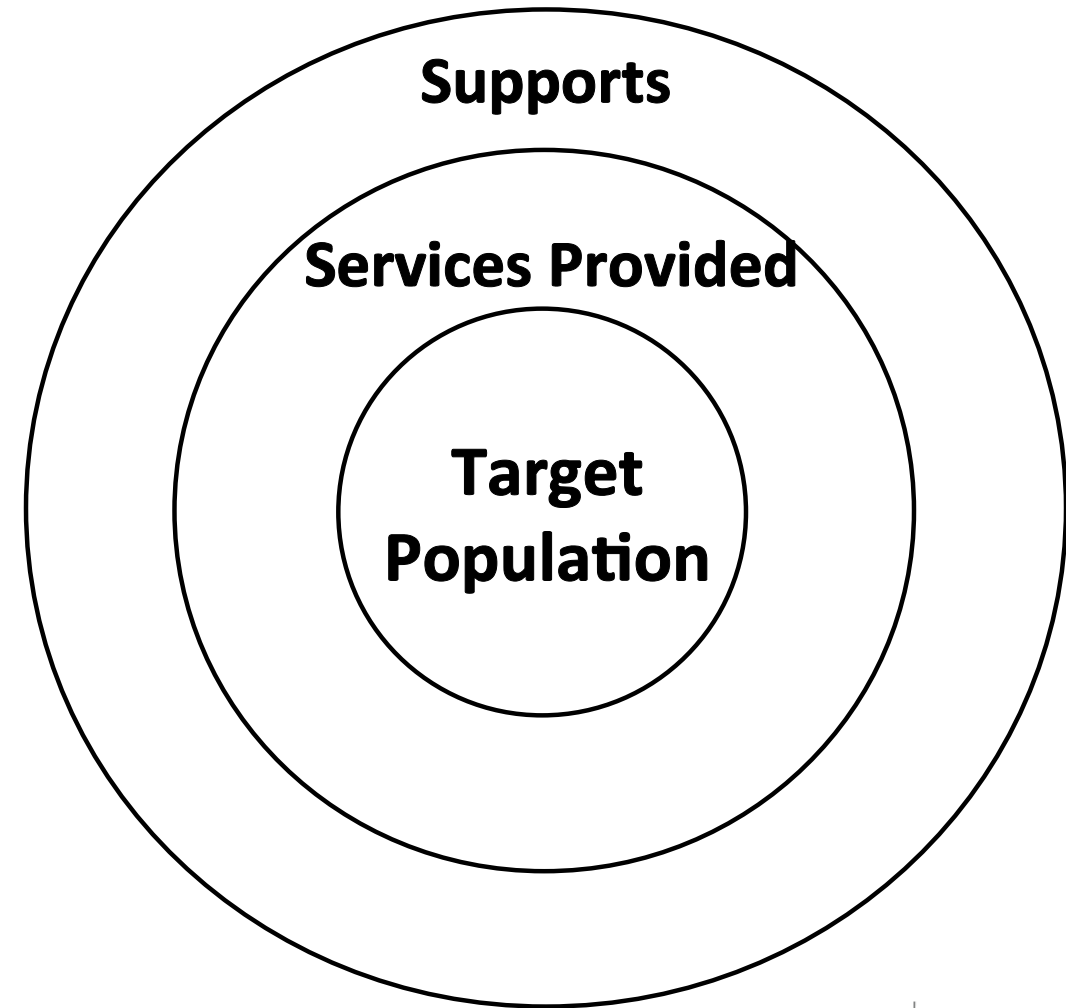
- What “aha moments” did you have as you discussed the drawings?
- How might you use drawing to capture ideas from your adolescent patients and staff?



Circle of Care Model

Purpose:

- Survey the services available to a population
- Shows perspectives of patients and providers
- Identifies supports needed to provide services



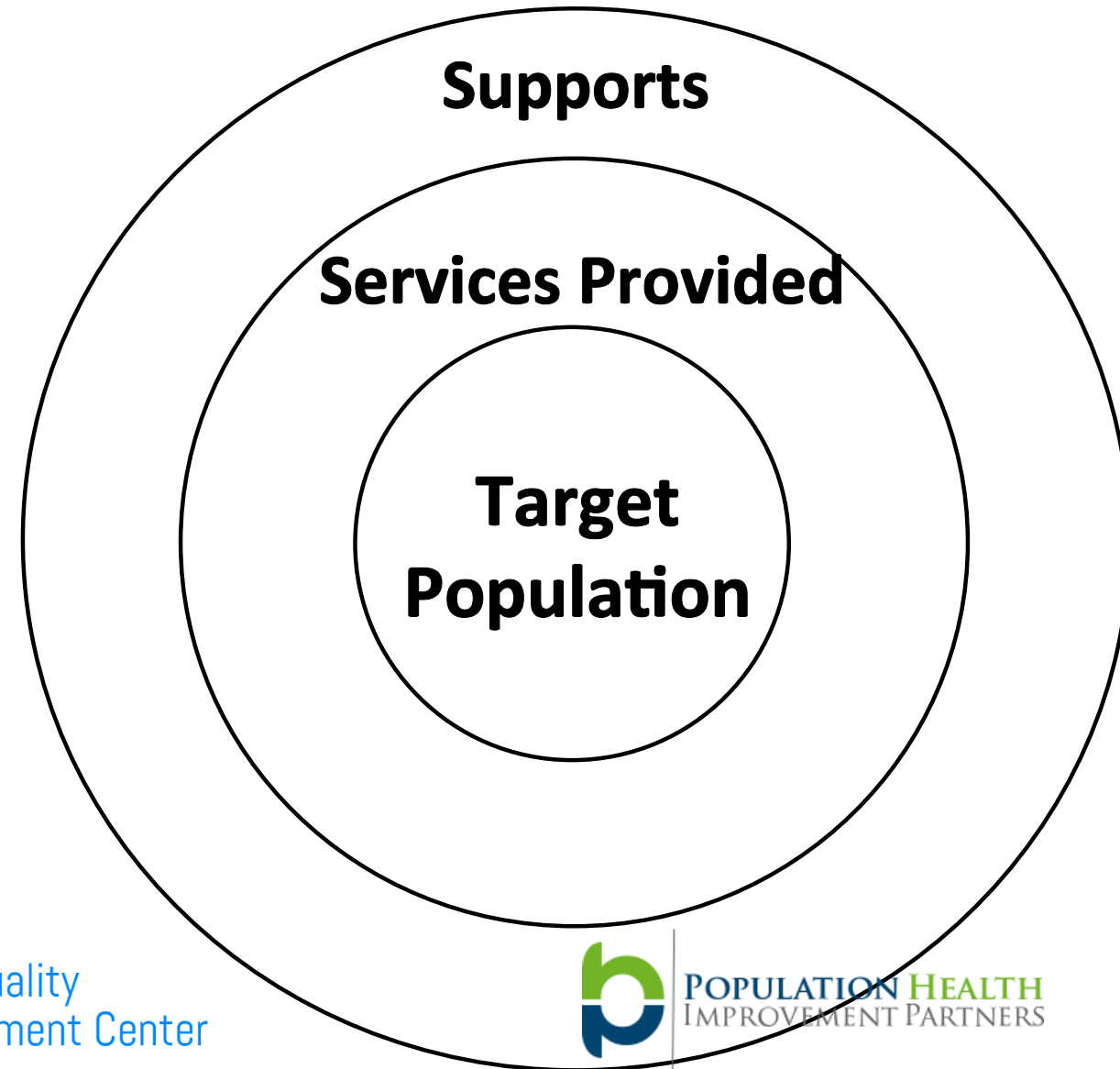
Aim:

Improve STI services for adolescent patients

Apply It!

Aim:

- Review the aim your team identified
- Write a quick summary statement of your aim at the top of your bullseye.



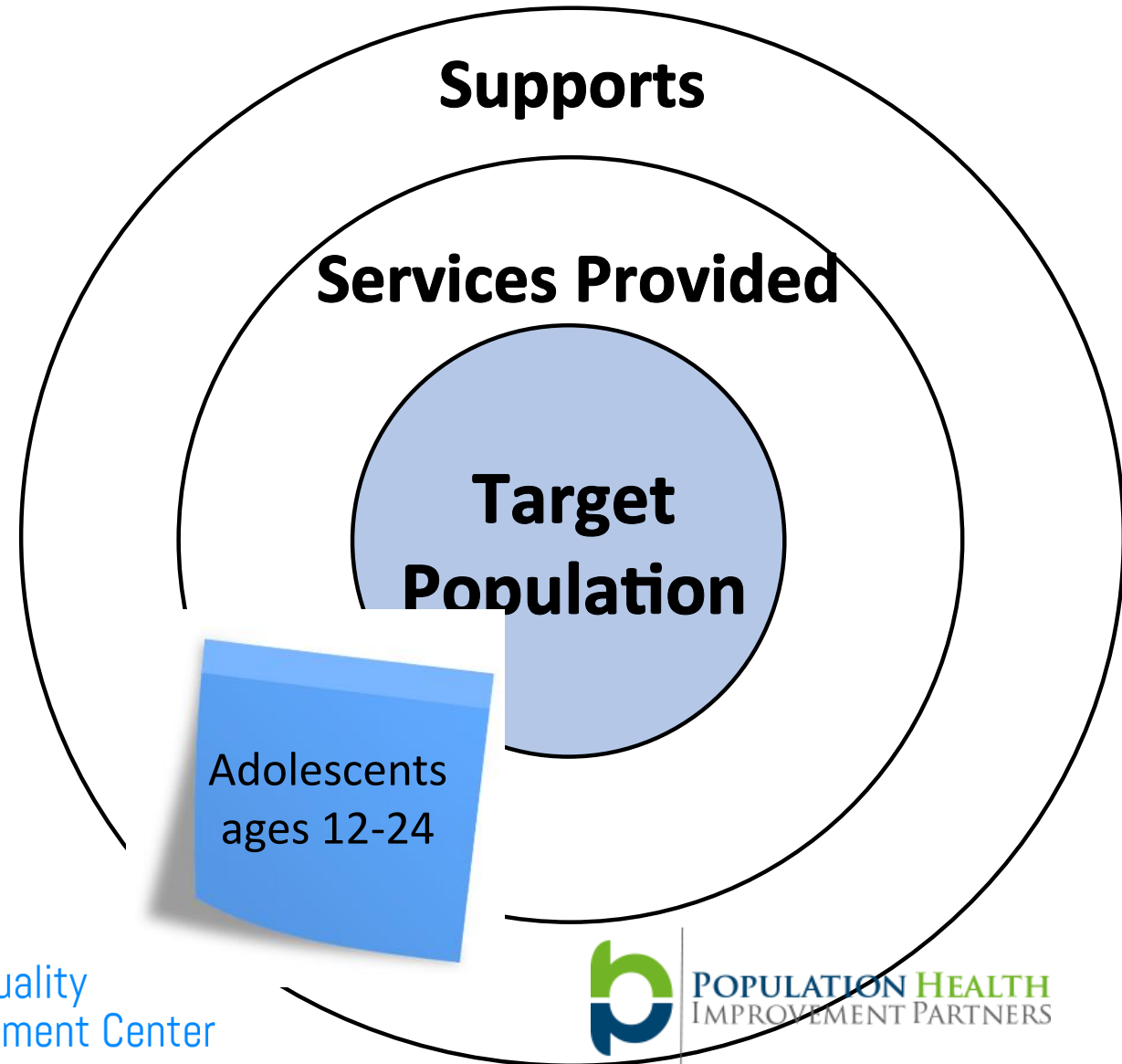
Aim:

Improve STI services for adolescent patients

Apply It!

Target Population:

- Who is your target population?
- List the name, ages, etc. of your target population on a sticky note.
- Place the sticky note in the “Target Population” circle.



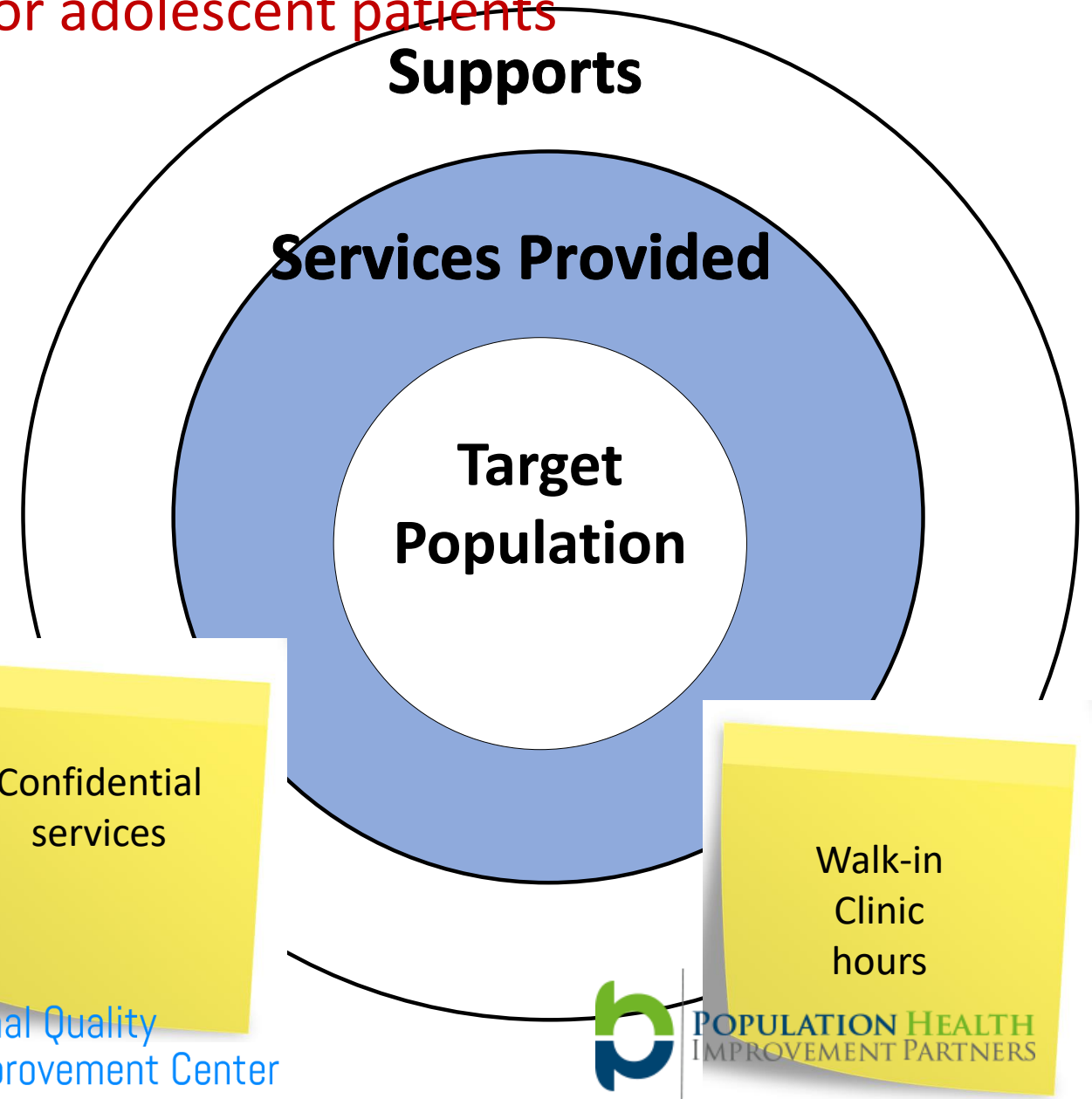
Aim:

Improve STI services for adolescent patients

Apply It!

Services Provided:

- *What services or categories of services **are available** to our population to meet their needs?"*
- List the services on a sticky note (one per sticky)
- Place the sticky note in the "Services Provided" circle.



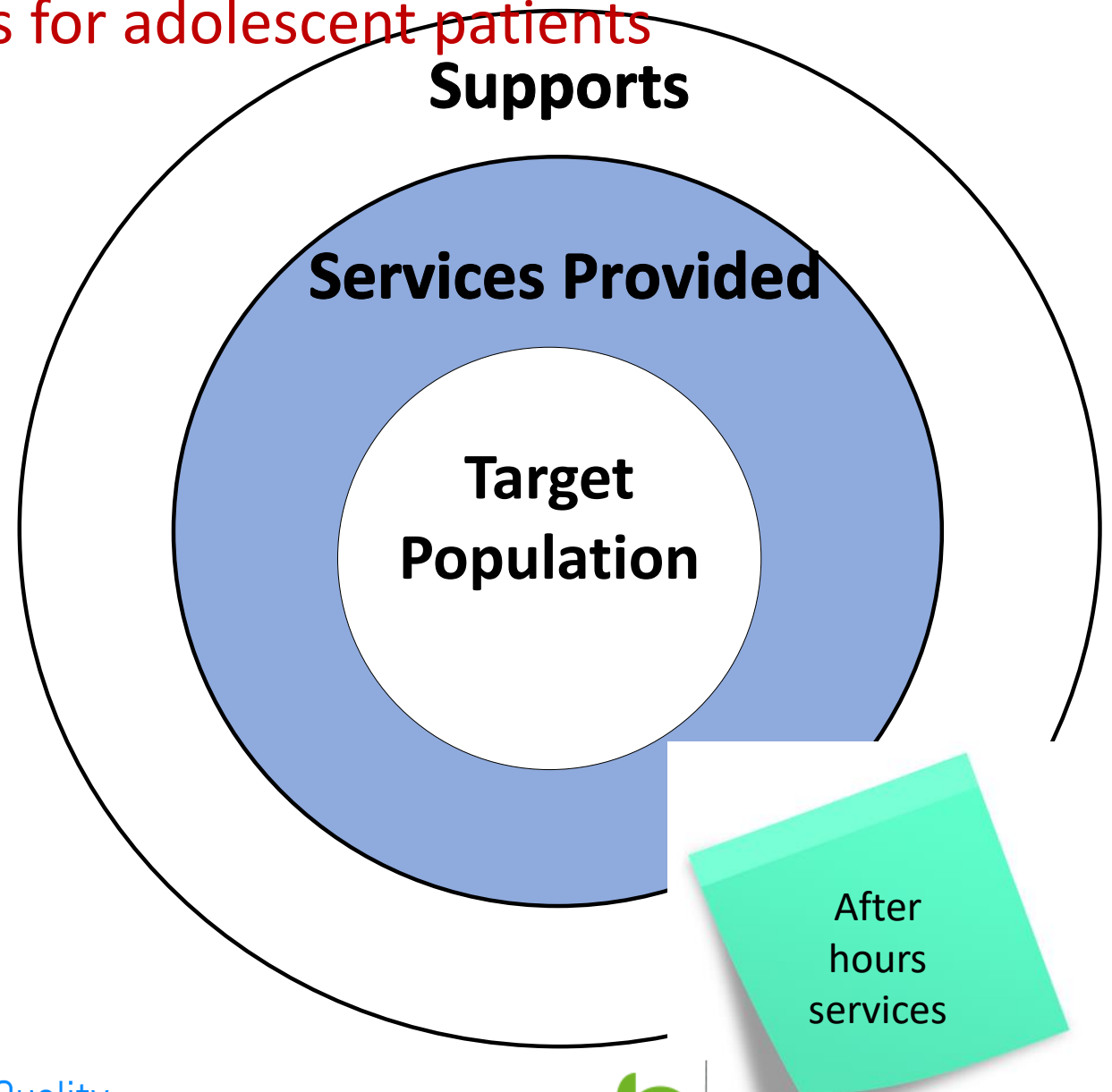
Aim:

Improve STI services for adolescent patients

Apply It!

Services Provided:

- *What services has this target population **asked for** that we have not yet been able to provide for them?*
- List the services on a different colored sticky note (one per sticky)
- Place the sticky note in the “Services Provided” circle



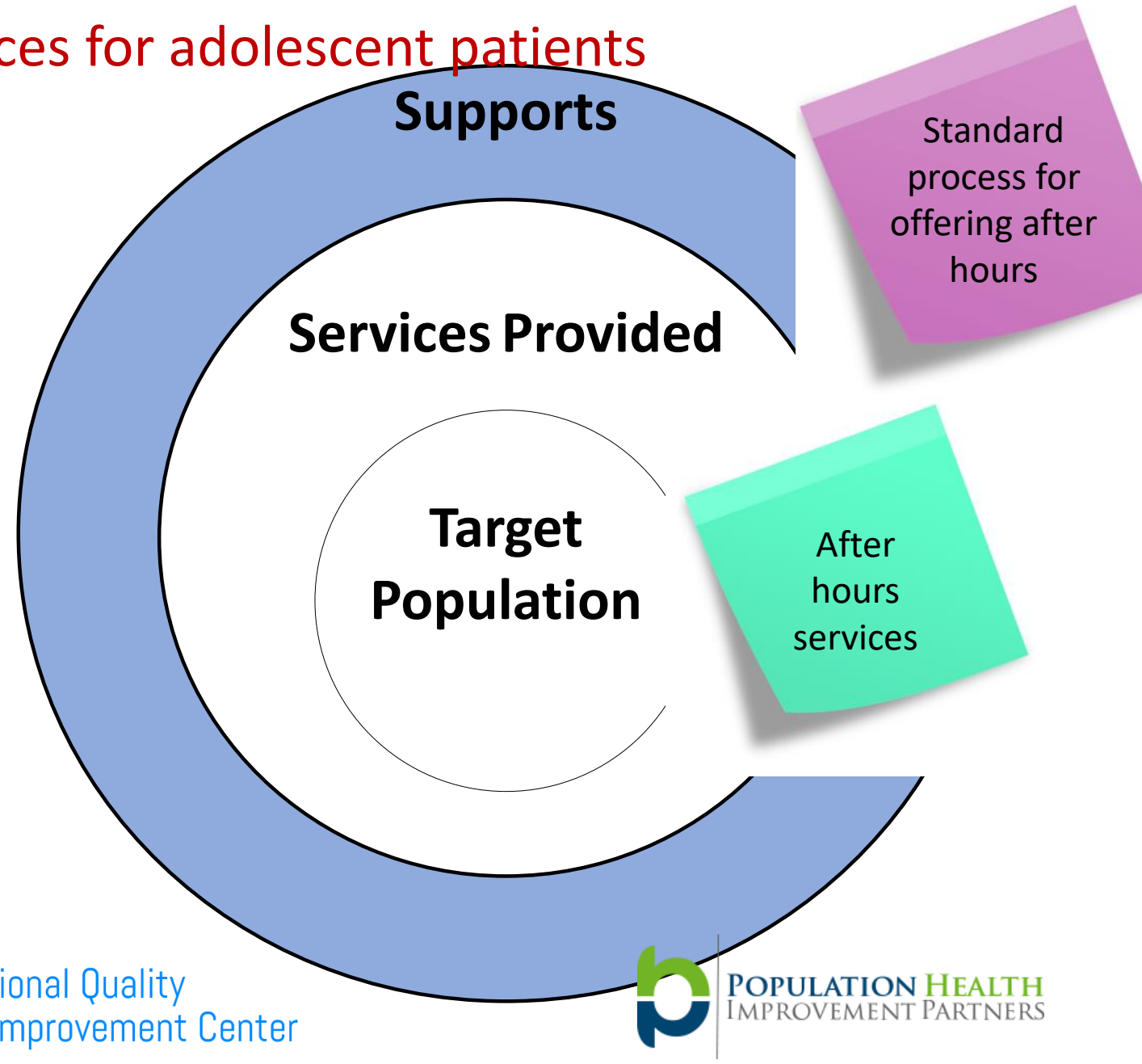
Aim:

Improve STI services for adolescent patients

Apply It!

Supports:

- What do we **need in order to provide X service**, or provide that service better?”
- List the need on a different colored sticky note (one per sticky)
- Place the sticky note in the “Supports” circle



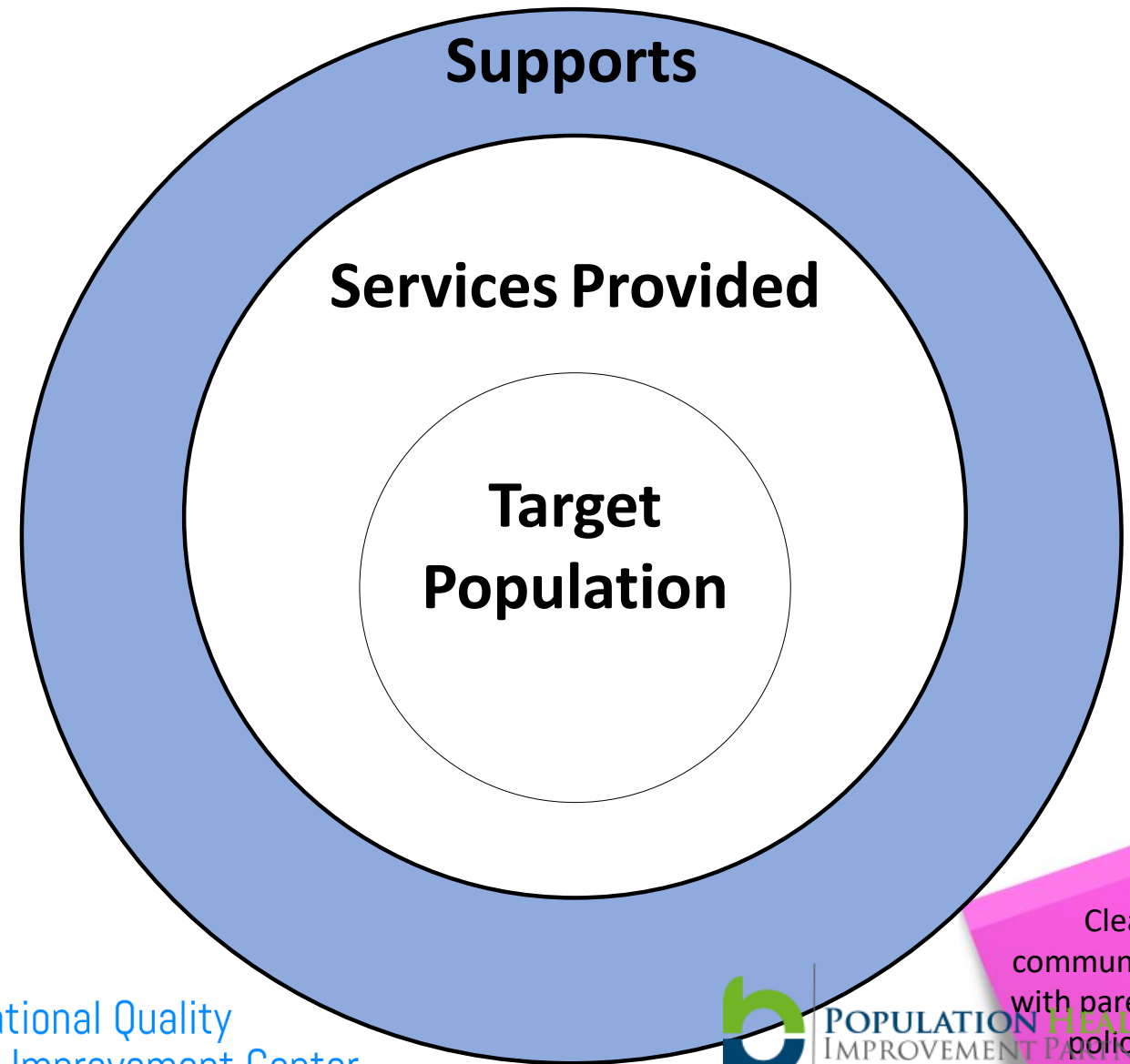
Aim:

Improve STI services for adolescent patients

Apply It!

Supports:

- What are the **barriers** that prevent us from doing our best work?
- List the barriers on a different colored sticky note (one per sticky)
- Place the sticky note on the outside of the “bullseye”



Reflect and Report

**What “aha” moments did you have
as you completed the Circle of Care
Map?**

**How might you use
the Circle of Care Map to gain
insights from your staff?**



Testing and Learning

Learn what works on a small scale first



Testing: Everyday Life



"Mom, I LOVE this cake.

Can you make it for my birthday next month?"



"Sure, I've never made that cake, but I'll make it for your birthday!"



The day of the party





Have you been in this situation?

“Oh no!

This is not how it’s supposed to look!”



*What should the mom have done
to avoid this situation?*



*“That was a great webinar!
What idea should we implement first?”*

*“We should create a
“sexually active” check-box in the EMR.
This will trigger us to assess and screen
adolescents for chlamydia.”*

*Great idea!
I’ll work with IT to get this started today.*



*“There you have it. Easy as 1, 2, 3!”
You can start using the check-box today.”*

“Sally!

*I can’t believe you got tested for a
STI without telling me!*

What have you been doing??”



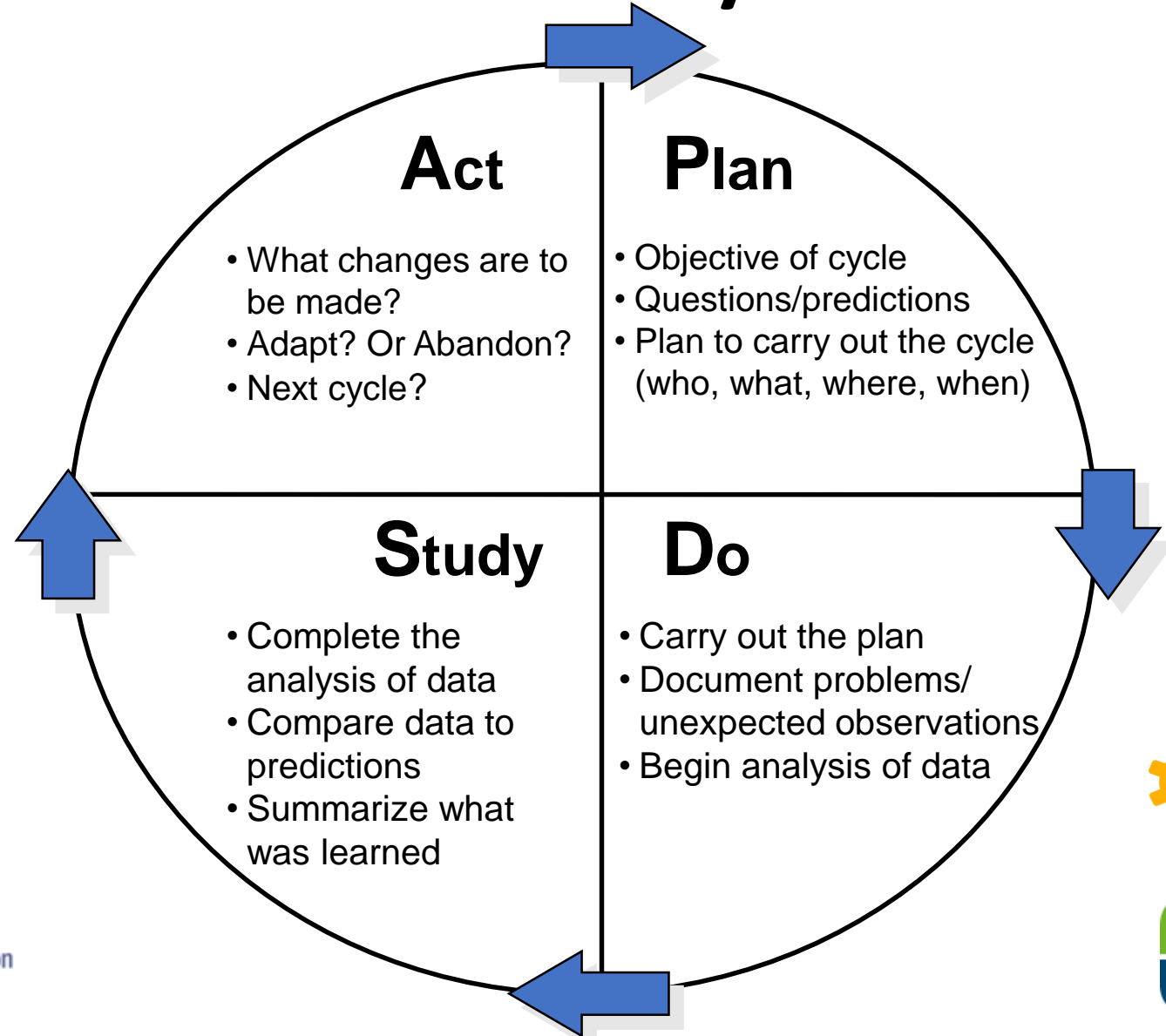
How would you feel if this happened to your patient?

Why did this happen?



What are the benefits to your team/staff/patients if you test changes before implementing them across the entire clinic?

How to Test: PDSA Cycle



Tip for Success

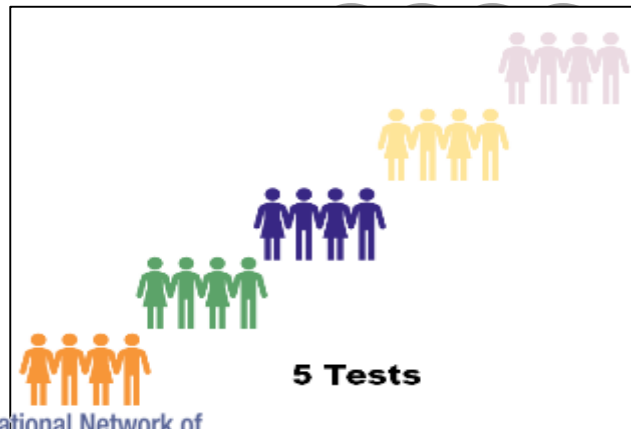
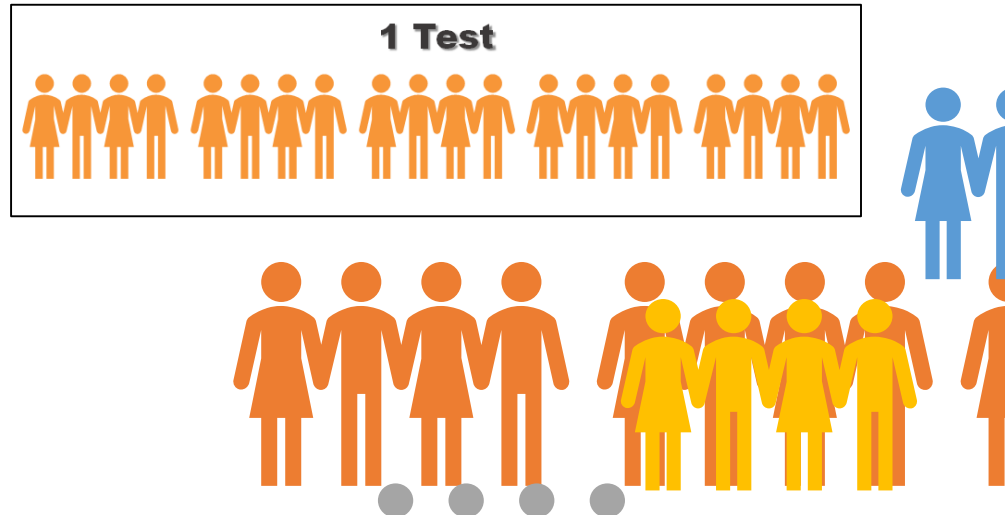
SMALL NUMBER



SHORT TIME FRAME

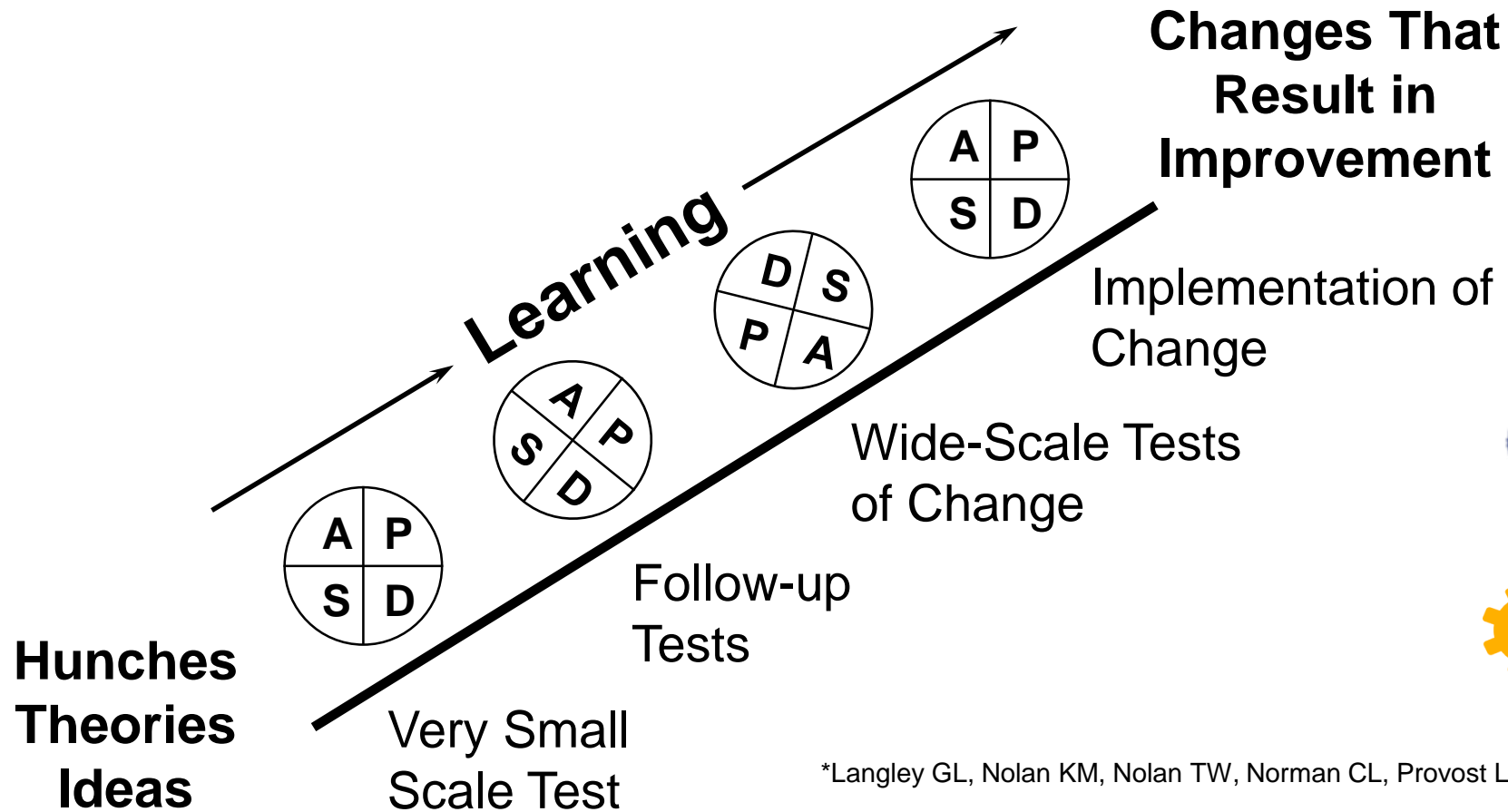


Tips for Success: Learn and Get Better



Which option will
provide you with the
best
learning opportunity?

Tips for Success: Learn and Get Better



*Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP.



Reflect and Report

How might your clinic benefit from testing your improvement ideas on a small scale?



Planning



Planning for Next Steps



Think of the tools and concepts discussed



Jot down at least two things your clinic can do by July 4th to begin improving



Jot down assistance you might need to move forward





SARAH WENINGER, MPH

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NORTH
Dakota
Be Legendary.™